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05-23-01

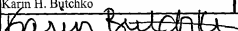
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Please type a plus sign (+) inside this box ☐

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i>	Attorney Docket No. <b>60130-1126/99MRA0117</b>
	First Inventor or Application Identifier <b>Roberto Conti, et al.</b>
	Title <b>Disk Brake Actuator</b>
	Express Mail Label No. <b>EL747233452US</b>

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification [Total Pages <b>7</b> ] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, not necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies		
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>2</b> ] 4. Oath or Declaration [Total Pages <b>3</b> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, <i>(PTO/SB/05-12)</i> 14. <input type="checkbox"/> Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> This application claims priority to MI2000A 001150 <i>(Italy)</i> filed May 24, 2000 17. <input type="checkbox"/> Other: Certificate of Express Mail		
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS "TAKEN UPON (37 C.F.R. § 1.28).			
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPLICANTS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

<b>17. CORRESPONDENCE ADDRESS</b> <input type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or Attach bar code label here)</i> or <input checked="" type="checkbox"/> Correspondence address below					
Name	Karin H. Butchko CARLSON, GASKEY & OLDS, P.C.				
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City	Birmingham	State	MI	Zip Code	48009
Country	USA	Telephone	(248) 988-8360	Fax	(248) 988-8363
Name (Print/Type)	Karin H. Butchko		Registration No. (Attorney/Agent)	45,864	
Signature			Date	May 22, 2001	

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PTO/SB/17 (09-00)

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

## Complete if Known

Application Number	
Filing Date	Herewith
First Named Inventor	Roberto Conti, et al.
Examiner Name	
Group Art Unit	
Attorney Docket No.	60130-1126/99MRA0117

TOTAL AMOUNT OF PAYMENT (\$) 750.00

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 50-1482

Deposit Account Name: Carlson, Gaskey & Olds, P.C.

☐ Charge Any Additional Fee Required Under 37 CFR 1.18 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Description	Fee Paid
Code	Code	Code	Code	Code	Code		
101	170	201	355			Utility filing fee	710
106	320	206	160			Design filing fee	
107	490	207	245			Plant filing fee	
108	710	208	355			Reissue filing fee	
114	150	214	75			Provisional filing fee	

SUBTOTAL (1) (\$) 710.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	7 - 20** = 10 X		
Multiple Dependent	1 - 3** = 0 X		

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Description
Code	Code	Code	Code	Code	Code	
103	18	203	9			Claims in excess of 20
102	80	202	40			Independent claims in excess of 3
104	270	204	135			Multiple dependent claim, if not paid
109	80	209	40			** Reissue independent claims over original patent
110	18	210	9			** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Description	Fee Paid
Code	Code	Code	Code	Code	Code		
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for ex parte reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	
116	390	216	195			Extension for reply within second month	
117	890	217	445			Extension for reply within third month	
118	1,390	218	695			Extension for reply within fourth month	
128	1,890	228	945			Extension for reply within fifth month	
119	310	219	155			Notice of Appeal	
120	310	220	155			Filing a brief in support of an appeal	
121	270	221	135			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,240	241	620			Petition to revive - unintentional	
142	1,240	242	620			Utility issue fee (or reissue)	
143	440	243	220			Design issue fee	
144	600	244	300			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Petitions related to provisional applications	
126	240	126	240			Submission of Information Disclosure Sheet	
581	40	581	40			Recording each patent assignment per property (times number of properties)	40.00
146	710	246	355			Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355			For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355			Request for Continued Examination (RCE)	
169	900	169	900			Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 40.00

## SUBMITTED BY

Name (Print/Type)	Karin H. Butchko	Registration No. (Attorney/Agent)	45,864	Telephone	248 988-8360
Signature	<i>Karin Butchko</i>	Date	May 22, 2001		

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**UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Roberto Conti, et al.  
Serial No.: Unknown  
Filed: Herewith  
Priority: MI2000A 001150 (Italy) Filed: May 24, 2000  
Title: DISK BRAKE ACTUATOR

**EXPRESS MAIL CERTIFICATE**


"Express Mail" Label Number: **EL747233452US**

Date of Deposit: May 22, 2001

I hereby certify that the attached documents or fees are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to "Box Patent Application, Assistant Commissioner of Patents and Trademarks, Washington, D.C. 20231".

Raimi Blackerby

(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

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